

Form **5500**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1210 - 0110  
1210 - 0089

**2003**

This Form is Open to  
Public Inspection.

**Part I Annual Report Identification Information**

For the calendar plan year 2003 or fiscal plan year beginning 09/01/2003 and ending 08/31/2004

- A** This return/report is for: (1) ☒ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
(2) ☐ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☒
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☒

**Part II Basic Plan Information - enter all requested information.**

**1a** Name of plan  
**DISTRICT 6 HEALTH PLAN**

**1b** Three-digit plan number (PN) **501**

**1c** Effective date of plan (mo., day, yr.)  
**09/05/1973**

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)

(Address should include room or suite no.)

**BOARD OF TRUSTEES  
DISTRICT 6 HEALTH PLAN**

**2b** Employer Identification Number (EIN)  
**13-3449870**

**2c** Sponsor's telephone number  
**212-696-5545-539-5542**

**2d** Business code (see instructions)

~~KENNEDY JENNIK & MURRAY, P.C.~~  
~~113 UNIVERSITY PLACE~~  
**730 BROADWAY**

**NEW YORK****NY 10003**

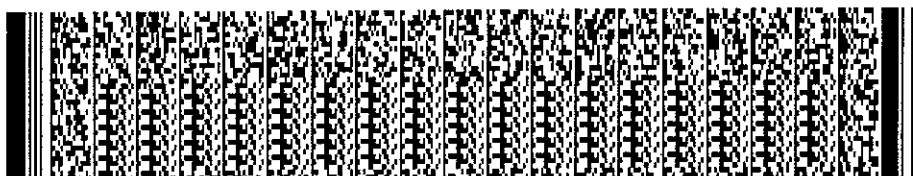
**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

|                  |  |                  |   |
|------------------|--|------------------|---|
| <b>SIGN HERE</b> | <i>X Larry Magarik</i>                 | <i>X 12/1/06</i> | <i>Larry Magarik, Kennedy Jennik &amp; Murray, P.C.</i>                   |
|                  | Signature of plan administrator        | Date             | Type or print name of individual signing as plan administrator            |
| <b>SIGN HERE</b> | <i>X Larry Magarik</i>                 | <i>X 12/1/06</i> | <i>Larry Magarik, Kennedy Jennik &amp; Murray, P.C.</i>                   |
|                  | Signature of employer/plan sponsor/DFE | Date             | Type or print name of individual signing as employer, plan sponsor or DFE |

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v6.1

Form **5500** (2003)

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**3a** Plan administrator's name and address (If same as plan sponsor, enter "Same")  
**SAME**

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

**a** Sponsor's name

**b** EIN

**c** PN

**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address  
**ARMAO, COSTA & RICCIARDI, CPAS, P.C.**

**b** EIN

**11-3264776**

**c** Telephone number

**76 S. CENTRAL AVE. SUITE 1D**

**VALLEY STREAM**

**NY 11580**

**516-256-3200**

|  |           |              |
|--|-----------|--------------|
| <b>6</b> Total number of participants at the beginning of the plan year  | <b>6</b>  | <b>3,250</b> |
| <b>7</b> Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)  |           |              |
| <b>a</b> Active participants   | <b>7a</b> | <b>3,250</b> |
| <b>b</b> Retired or separated participants receiving benefits  | <b>7b</b> |              |
| <b>c</b> Other retired or separated participants entitled to future benefits   | <b>7c</b> |              |
| <b>d</b> Subtotal. Add lines 7a, 7b, and 7c  | <b>7d</b> | <b>3,250</b> |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits   | <b>7e</b> |              |
| <b>f</b> Total. Add lines 7d and 7e  | <b>7f</b> |              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)  | <b>7g</b> |              |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested  | <b>7h</b> |              |
| <b>i</b> If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) | <b>7i</b> |              |

**8** Benefits provided under the plan (complete 8a and 8b, as applicable)

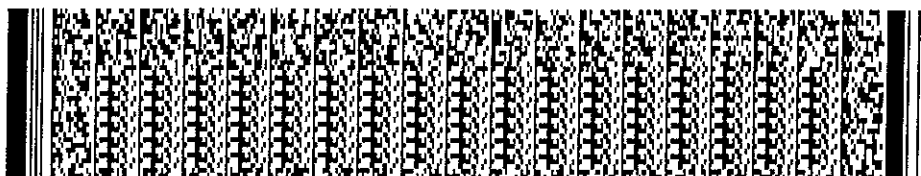
- a** ☐ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- b** ☒ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): **4A** **4D** ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**9a** Plan funding arrangement (check all that apply)

- (1) ☒ Insurance  
 (2) ☐ Code section 412(i) insurance contracts  
 (3) ☒ Trust  
 (4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance  
 (2) ☐ Code section 412(i) insurance contracts  
 (3) ☐ Trust  
 (4) ☐ General assets of the sponsor



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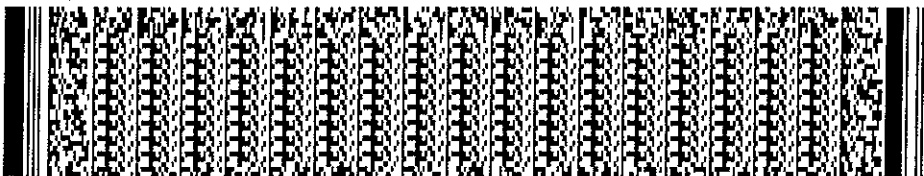
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**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **T** (Qualified Pension Plan Coverage Information)
- If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year ☐ **▶** ☐
- (3) ☐ **B** (Actuarial Information)
- (4) ☐ **E** (ESOP Annual Information)
- (5) ☐ **SSA** (Separated Vested Participant Information)

**b Financial Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information -- Small Plan)
- (3) ☒ 1 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)
- (7) ☒ 1 **P** (Trust Fiduciary Information)



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**SCHEDULE A  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Insurance Information**This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.

► File as an attachment to Form 5500.

► Insurance companies are required to provide this information  
pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2003****This Form is Open to  
Public Inspection.**For calendar plan year 2003 or fiscal plan year beginning **09/01/2003** and ending **08/31/2004****A** Name of plan**DISTRICT 6 HEALTH PLAN****B** Three-digit

plan number ►

**501****C** Plan sponsor's name as shown on line 2a of Form 5500**BOARD OF TRUSTEES****D** Employer Identification Number**13-3449870****Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions**Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be  
reported on a single Schedule A.**1** Coverage:

(a) Name of insurance carrier

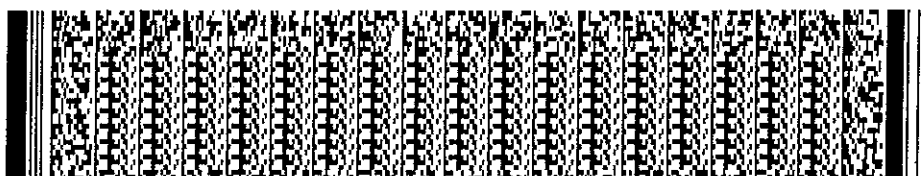
**HIP**

| (b) EIN    | (c) NAIC<br>code | (d) Contract or<br>identification number | (e) Approximate number of persons<br>covered at end of policy or contract year | Policy or contract year |            |
|------------|------------------|--|--|-------------------------|------------|
|            |                  |  |  | (f) From                | (g) To     |
| 13-1828429 | 55247            | 11GA0749-000                             | 117  | 09/01/2003              | 08/31/2004 |

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents,  
brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**Totals**

| Total amount of commissions paid | Total fees paid / amount |
|----------------------------------|--------------------------|
| 0                                | 335,600                  |

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Schedule A (Form 5500) 2003

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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

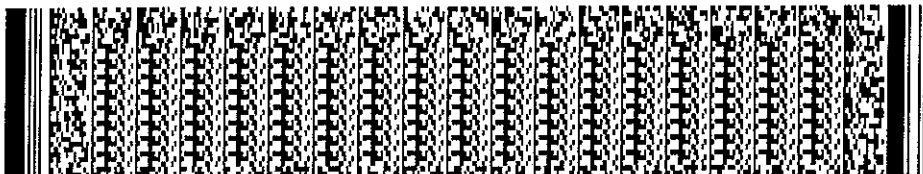
| (b) Amount of commissions paid | Fees paid  |                    | (e) Organization code |
|--------------------------------|------------|--------------------|-----------------------|
|                                | (c) Amount | (d) Purpose        |                       |
|                                | 335,600    | INSURANCE PREMIUMS | 0                     |

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

| (b) Amount of commissions paid | Fees paid  |             | (e) Organization code |
|--------------------------------|------------|-------------|-----------------------|
|                                | (c) Amount | (d) Purpose |                       |
|                                |            |             |                       |

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

| (b) Amount of commissions paid | Fees paid  |             | (e) Organization code |
|--------------------------------|------------|-------------|-----------------------|
|                                | (c) Amount | (d) Purpose |                       |
|                                |            |             |                       |



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Schedule A (Form 5500) 2003

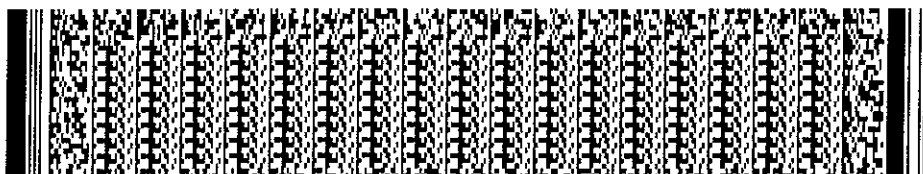
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**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |   |                          |
|----------|---|--------------------------|
| <b>3</b> | Current value of plan's interest under this contract in the general account at year end .....   |                          |
| <b>4</b> | Current value of plan's interest under this contract in separate accounts at year end .....   |                          |
| <b>5</b> | <b>Contracts With Allocated Funds</b>   |                          |
| <b>a</b> | State the basis of premium rates ▶ .....  |                          |
| <b>b</b> | Premiums paid to carrier .....  |                          |
| <b>c</b> | Premiums due but unpaid at the end of the year .....  |                          |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....  |                          |
|          | Specify nature of costs ▶ .....   |                          |
| <b>e</b> | Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....  |                          |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....   | <input type="checkbox"/> |
| <b>6</b> | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>  |                          |
| <b>a</b> | Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ ..... |                          |
| <b>b</b> | Balance at the end of the previous year .....   |                          |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....  |                          |
|          | (2) Dividends and credits .....   |                          |
|          | (3) Interest credited during the year .....   |                          |
|          | (4) Transferred from separate account .....   |                          |
|          | (5) Other (specify below) .....   |                          |
|          | (6) Total additions .....   |                          |
| <b>d</b> | Total of balance and additions (add b and c(6)) .....   |                          |
| <b>e</b> | <b>Deductions:</b>  |                          |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....   |                          |
|          | (2) Administration charge made by carrier .....   |                          |
|          | (3) Transferred to separate account .....   |                          |
|          | (4) Other (specify below) .....   |                          |
|          | (5) Total deductions .....  |                          |
| <b>f</b> | Balance at the end of the current year (subtract e(5) from d) .....   |                          |



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Schedule A (Form 5500) 2003

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**Part III****Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7** Benefit and contract type (check all applicable boxes)

- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input type="checkbox"/> Dental               | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life Insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |  |

**8** Experience-rated contracts**a** Premiums: (1) Amount received

(2) Increase (decrease) in amount due but unpaid

(3) Increase (decrease) in unearned premium reserve

(4) Earned ((1) + (2) - (3))

**b** Benefit charges: (1) Claims paid

(2) Increase (decrease) in claim reserves

(3) Incurred claims (add (1) and (2))

(4) Claims charged

**c** Remainder of premium: (1) Retention charges (on an accrual basis) --

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

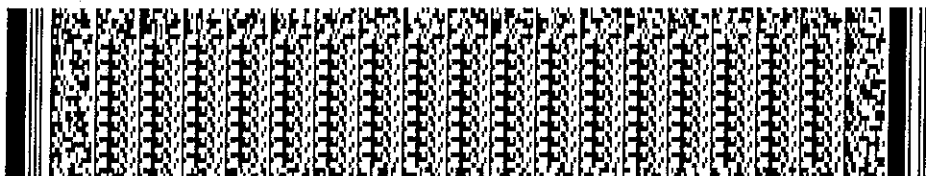
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)**d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

**e** Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)**9** Nonexperience-rated contracts:**a** Total premiums or subscription charges paid to carrier**b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount

Specify nature of costs ▶



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**SCHEDULE C  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Service Provider Information**This schedule is required to be filed under section 104 of the  
Employee Retirement Income Security Act of 1974.► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2003****This Form is Open to  
Public Inspection.**For calendar plan year 2003 or fiscal plan year beginning **09/01/2003** and ending **08/31/2004**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>DISTRICT 6 HEALTH PLAN</b>                                    | <b>B</b> Three-digit plan number ► <b>501</b>                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES</b> | <b>D</b> Employer Identification Number<br><b>13-3449870</b> |

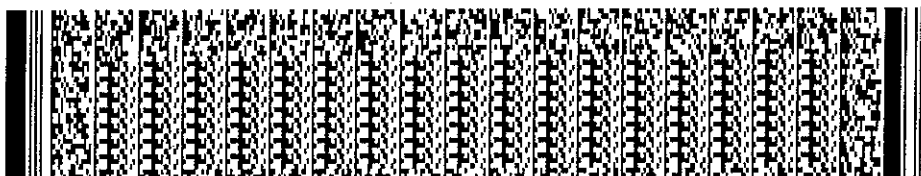
**Part I Service Provider Information (see instructions)**

- 1** Enter the total dollar amount of compensation paid by the plan to all persons, other than those listed below, who received compensation during the plan year: **1**
- 2** On the first item below list the contract administrator, if any, as defined in the instructions. On the other items, list service providers in descending order of the compensation they received for the services rendered during the plan year. List only the top 40. 103-12 IEs should enter N/A in (c) and (d).

| (a) Name | (b) Employer identification number (see instructions) | (c) Official plan position    | (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
|----------|---|-------------------------------|--|---|---------------------------------------|--|
|          |   | <b>CONTRACT ADMINISTRATOR</b> |  |   |                                       | <b>12</b>  |

| (a) Name                | (b) Employer identification number (see instructions) | (c) Official plan position | (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
|-------------------------|---|----------------------------|--|---|---------------------------------------|--|
| <b>JONATHAN WALTERS</b> | <b>23-2111581</b>                                     | <b>ATTORNEY</b>            |  |   |                                       |  |
| <b>NONE</b>             | <b>0</b>  | <b>27,650</b>              |  |   |                                       | <b>22</b>  |

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Schedule C (Form 5500) 2003

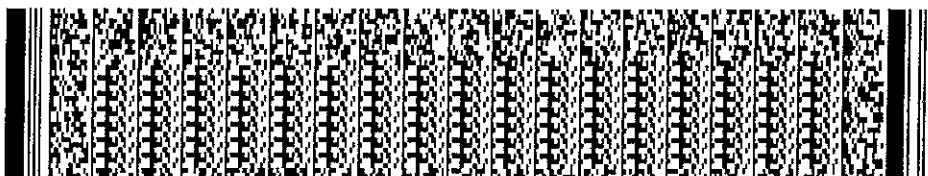
Page 2

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| (a) Name   | (b) Employer identification number (see instructions) | (c) Official plan position            |  |
|--|---|---------------------------------------|--|
| CALLAGHAN NAWROCKI, LLP  | 11-3449870  | ACCOUNTANT                            |  |
| (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan           | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
| NONE   | 0   | 21,000                                | 10   |

| (a) Name   | (b) Employer identification number (see instructions) | (c) Official plan position            |  |
|--|---|---------------------------------------|--|
| GARY NEEDLEMAN   | 22-2686564  | ATTORNEY                              |  |
| (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan           | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
| NONE   | 0   | 10,000                                | 22   |

| (a) Name   | (b) Employer identification number (see instructions) | (c) Official plan position            |  |
|--|---|---------------------------------------|--|
| TEICH GROH   |   | ATTORNEY                              |  |
| (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan           | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
| NONE   | 0   | 6,530                                 | 22   |



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Schedule C (Form 5500) 2003

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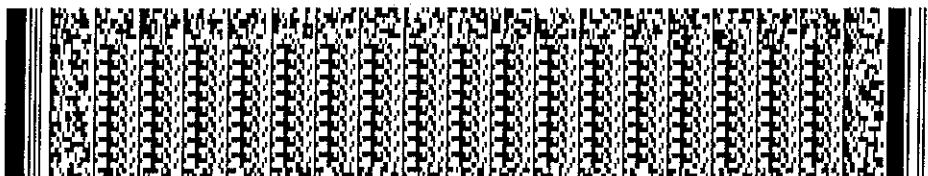
|  |   |                                       |  |
|--|---|---------------------------------------|--|
| (a) Name   | (b) Employer identification number (see instructions) | (c) Official plan position            |  |
| ELLIOT MENDEL  |   | ATTORNEY                              |  |
| (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan           | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
| NONE   | 0   | 5,000                                 | 22   |

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|  |   |                                       |  |
|--|---|---------------------------------------|--|
| (a) Name   | (b) Employer identification number (see instructions) | (c) Official plan position            |  |
|  |   |                                       |  |
| (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan           | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
|  |   |                                       |  |

---

|  |   |                                       |  |
|--|---|---------------------------------------|--|
| (a) Name   | (b) Employer identification number (see instructions) | (c) Official plan position            |  |
|  |   |                                       |  |
| (d) Relationship to employer, employee organization, or person known to be a party-in-interest | (e) Gross salary or allowances paid by plan           | (f) Fees and commissions paid by plan | (g) Nature of service code(s) (see instructions) |
|  |   |                                       |  |



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Schedule C (Form 5500) 2003

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**Part II Termination Information on Accountants and Enrolled Actuaries (see instructions)**

(a) Name CALLAGHAN NAWROCKI, LLP (b) EIN 11-3449870  
 (c) Position ACCOUNTANT  
225 BROAD HOLLOW RD  
 (d) Address MELVILLE NY 11747  
 (e) Telephone No. \_\_\_\_\_

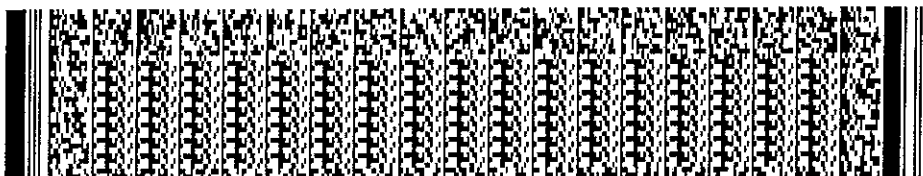
Explanation: DECISION BY THE BOARD OF TRUSTEES.

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_  
 (c) Position \_\_\_\_\_  
 (d) Address \_\_\_\_\_  
 (e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_

(a) Name \_\_\_\_\_ (b) EIN \_\_\_\_\_  
 (c) Position \_\_\_\_\_  
 (d) Address \_\_\_\_\_  
 (e) Telephone No. \_\_\_\_\_

Explanation: \_\_\_\_\_



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**SCHEDULE H  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**2003****This Form is Open  
to Public Inspection.**For calendar year 2003 or fiscal plan year beginning **09/01/2003** and ending **08/31/2004**

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>DISTRICT 6 HEALTH PLAN</b>                                    | <b>B</b> Three-digit plan number<br><b>501</b>               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES</b> | <b>D</b> Employer Identification Number<br><b>13-3449870</b> |

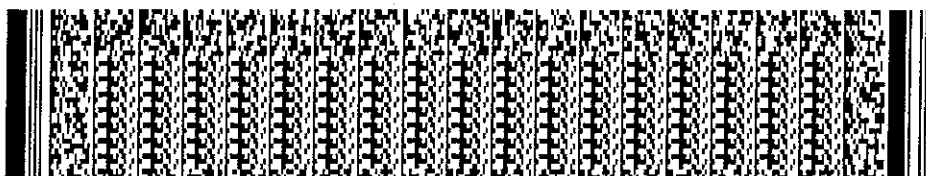
**Part I Asset and Liability Statement**

- 1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

**Assets**

|   | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash   |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                        |                       |                 |
| (1) Employer contributions  |                       | 17,158          |
| (2) Participant contributions   |                       |                 |
| (3) Other   |                       |                 |
| <b>c</b> General investments:   |                       |                 |
| (1) Interest-bearing cash (incl. money market accounts and certificates of deposit) | 1,061,943             | 994,010         |
| (2) U.S. Government securities  |                       |                 |
| (3) Corporate debt instruments (other than employer securities):                    |                       |                 |
| (A) Preferred   |                       |                 |
| (B) All other   |                       |                 |
| (4) Corporate stocks (other than employer securities):                              |                       |                 |
| (A) Preferred   |                       |                 |
| (B) Common  |                       |                 |
| (5) Partnership/joint venture interests   |                       |                 |
| (6) Real estate (other than employer real property)                                 |                       |                 |
| (7) Loans (other than to participants)  |                       |                 |
| (8) Participant loans   |                       |                 |
| (9) Value of interest in common/collective trusts                                   |                       |                 |
| (10) Value of interest in pooled separate accounts                                  |                       |                 |
| (11) Value of interest in master trust investment accounts                          |                       |                 |
| (12) Value of interest in 103-12 investment entities                                |                       |                 |
| (13) Value of interest in registered investment companies (e.g., mutual funds)      |                       |                 |
| (14) Value of funds held in insurance co. general account (unallocated contracts)   |                       |                 |
| (15) Other  |                       |                 |

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Schedule H (Form 5500) 2003

Page 2

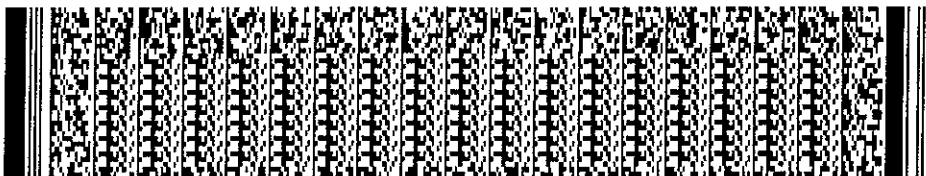
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|                    |  | (a) Beginning of Year | (b) End of Year     |
|--------------------|--|-----------------------|---------------------|
| <b>1 d</b>         | Employer-related investments:                              |                       |                     |
|                    | (1) Employer securities                                    | d(1)                  |                     |
|                    | (2) Employer real property                                 | d(2)                  |                     |
| <b>e</b>           | Buildings and other property used in plan operation        | e                     | 1,691 611           |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e)      | f                     | 1,063,634 1,011,779 |
| <b>Liabilities</b> |  |                       |                     |
| <b>g</b>           | Benefit claims payable                                     | g                     | 10,557              |
| <b>h</b>           | Operating payables   | h                     |                     |
| <b>i</b>           | Acquisition indebtedness                                   | i                     |                     |
| <b>j</b>           | Other liabilities  | j                     |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) | k                     | 10,557              |
| <b>Net Assets</b>  |  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f)                 | l                     | 1,063,634 1,001,222 |

**Part II Income and Expense Statement**

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

|               |   | (a) Amount | (b) Total |
|---------------|---|------------|-----------|
| <b>Income</b> |   |            |           |
| <b>a</b>      | <b>Contributions:</b>   |            |           |
|               | (1) Received or receivable in cash from: (A) Employers                                  | a(1)(A)    | 962,436   |
|               | (B) Participants  | a(1)(B)    |           |
|               | (C) Others (including rollovers)  | a(1)(C)    |           |
|               | (2) Noncash contributions   | a(2)       |           |
|               | (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)                   | a(3)       | 962,436   |
| <b>b</b>      | <b>Earnings on investments:</b>   |            |           |
|               | (1) Interest:   |            |           |
|               | (A) Interest-bearing cash (including money market accounts and certificates of deposit) | b(1)(A)    | 236       |
|               | (B) U.S. Government securities  | b(1)(B)    |           |
|               | (C) Corporate debt instruments  | b(1)(C)    |           |
|               | (D) Loans (other than to participants)  | b(1)(D)    |           |
|               | (E) Participant loans   | b(1)(E)    |           |
|               | (F) Other   | b(1)(F)    |           |
|               | (G) Total interest. Add lines 2b(1)(A) through (F)                                      | b(1)(G)    | 236       |
|               | (2) Dividends: (A) Preferred stock  | b(2)(A)    |           |
|               | (B) Common stock  | b(2)(B)    |           |
|               | (C) Total dividends. Add lines 2b(2)(A) and (B)   | b(2)(C)    |           |
|               | (3) Rents   | b(3)       |           |
|               | (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds                           | b(4)(A)    |           |
|               | (B) Aggregate carrying amount (see instructions)  | b(4)(B)    |           |
|               | (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result                          | b(4)(C)    | 0         |



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Schedule H (Form 5500) 2003

Page 3

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|   | (a) Amount | (b) Total |
|---|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate           | b(5)(A)    |           |
| (B) Other   | b(5)(B)    |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)                   | b(5)(C)    |           |
| (6) Net investment gain (loss) from common/collective trusts                              | b(6)       |           |
| (7) Net investment gain (loss) from pooled separate accounts                              | b(7)       |           |
| (8) Net investment gain (loss) from master trust investment accounts                      | b(8)       |           |
| (9) Net investment gain (loss) from 103-12 investment entities                            | b(9)       |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | b(10)      |           |
| <b>c</b> Other income   | c          |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total        | d          | 962,672   |
| <b>Expenses</b>   |            |           |
| <b>e</b> Benefit payment and payments to provide benefits:                                |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers                 | e(1)       | 0         |
| (2) To insurance carriers for the provision of benefits                                   | e(2)       | 733,434   |
| (3) Other   | e(3)       | 131,845   |
| (4) Total benefit payments. Add lines 2e(1) through (3)                                   | e(4)       | 865,279   |
| <b>f</b> Corrective distributions (see instructions)                                      | f          |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions)             | g          |           |
| <b>h</b> Interest expense   | h          |           |
| <b>i</b> Administrative expenses: (1) Professional fees                                   | i(1)       | 71,480    |
| (2) Contract administrator fees   | i(2)       |           |
| (3) Investment advisory and management fees   | i(3)       |           |
| (4) Other   | i(4)       | 88,325    |
| (5) Total administrative expenses. Add lines 2i(1) through (4)                            | i(5)       | 159,805   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total     | j          | 1,025,084 |
| <b>Net Income and Reconciliation</b>  |            |           |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d)                                | k          | <62,412>  |
| <b>l</b> Transfers of assets  |            |           |
| (1) To this plan  | l(1)       |           |
| (2) From this plan  | l(2)       |           |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500.  
Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

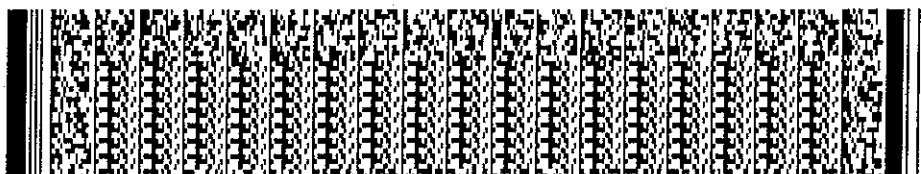
**c** Enter the name and EIN of the accountant (or accounting firm) ▶

ARMAO, COSTA & RICCIARDI, CPAS P.C

11-3264776

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ this form is filed for a CCT, PSA or MTIA. (2) ☐ it will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.



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Schedule H (Form 5500) 2003

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**Part IV Transactions During Plan Year**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, or 5. 103-12 IEs also do not complete 4j.

During the plan year:

|   | Yes | No | Amount    |
|---|-----|----|-----------|
| <b>a</b> Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program.)  |     | X  |           |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked) |     | X  |           |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked)   |     | X  |           |
| <b>d</b> Were there any nonexempt transaction with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked on line 4d.)   |     | X  |           |
| <b>e</b> Was this plan covered by a fidelity bond?  | X   |    | 1,000,000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   |     | X  |           |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?  |     | X  |           |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?  |     | X  |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements)   |     | X  |           |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements)   |     | X  |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?   |     | X  |           |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No **Amount**

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions).

**5b(1)** Name of plan(s)**5b(2)** EIN(s)**5b(3)** PN(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

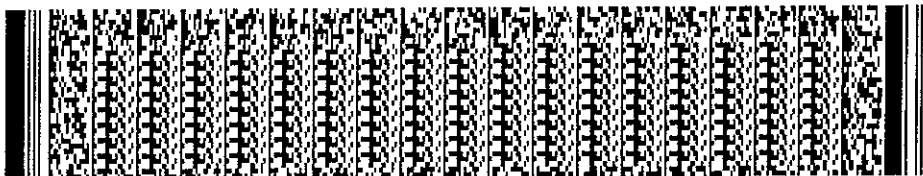
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**SCHEDULE P  
(Form 5500)****Annual Return of Fiduciary  
of Employee Benefit Trust**

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

Department of the Treasury  
Internal Revenue Service

► File as an attachment to Form 5500 or 5500-EZ.

Official Use Only

OMB No. 1510-0110

**2003**

This Form is Open to  
Public Inspection.

For trust calendar year 2003 or fiscal year beginning 09/01/2003 and ending 08/31/2004

**1a** Name of trustee or custodian

**BOARD OF TRUSTEES**

**b** Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

254 WEST 31TH STREET 8TH FLOOR

**c** City or town, state, and ZIP code

NEW YORK NY 10001

**2a** Name of trust

DISTRICT 6 HEALTH PLAN

**b** Trust's employer identification number 13-3449870

**3** Name of plan if different from name of trust

**4** Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?

☒ Yes

☐ No

**5** Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ

13-3449870

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

**SIGN  
HERE**

Signature of  
fiduciary

X Larry Magau

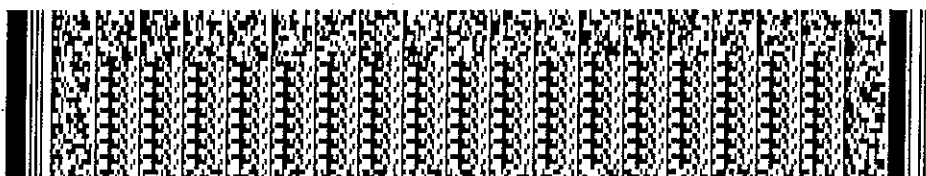
Date

X 12/1/06

For the Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ.

v6.1

Schedule P (Form 5500) 2003



2 6 0 3 7 0 0 1 0 J



FORM 5500, BOX D - DFVC FILING

STATEMENT 1

FORM 5500 IS BEING FILED UNDER THE DFVC PROGRAM

SCHEDULE H  
LINE 2I(4)

OTHER ADMINISTRATIVE EXPENSES  
DISTRICT 6 HEALTH PLAN

STATEMENT 2  
PLAN NUMBER 501

DESCRIPTION

AMOUNT

INSURANCE

24,478.

OFFICE EXPENSE

763.

REIMBURSED EXPENSES

62,004.

DEPRECIATION EXPENSE

1,080.

OTHER ADMINISTRATIVE EXPENSES TO SCHEDULE H, LINE 2I(4)

88,325.



DISTRICT 6 HEALTH PLAN

FINANCIAL STATEMENTS

AUGUST 31, 2004

DISTRICT 6 HEALTH PLAN

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| <u>Financial Statements</u>   |             |
| Statement of Net Assets Available for Benefits<br>at August 31, 2004                            | 2           |
| Statement of Changes in Net Assets Available for Benefits<br>for the Year Ended August 31, 2004 | 3           |
| Statement of Plan's Benefit Obligations at August 31, 2004                                      | 4           |
| Statement of Changes in Plan's Benefit Obligations for the Year<br>Ended August 31, 2004        | 5           |
| Notes to Financial Statements   | 6-8         |
| <u>Supplementary Information</u>  |             |
| Independent Auditors' Report on Supplementary Information                                       | 9           |
| Schedule of Benefits Paid for the Year Ended<br>August 31, 2004                                 | 10          |
| Schedule of Administrative Expenses for the Year<br>Ended August 31, 2004                       | 11          |

**ARMAO, COSTA & RICCIARDI**  
CERTIFIED PUBLIC ACCOUNTANTS, P.C.

76 SOUTH CENTRAL AVE, SUITE 1D  
VALLEY STREAM, NEW YORK 11580  
T. 516.256.3200 F. 516.256.4620  
actcpa.com

INDEPENDENT AUDITORS' REPORT

SALVATORE J. ARMAO, CPA/PFS, CFP  
MICHAEL J. COSTA, CPA  
LISA M. RICCIARDI, CPA

To The Board of Trustees  
District 6 Health Plan  
New York, New York

We were engaged to audit the accompanying statement of net assets available for benefits and the statement of Plan's benefit obligations of District 6 Health Plan as of August 31, 2004, and the related statement of changes in net assets available for benefits and the statement of changes in Plan's benefit obligations for the year then ended. The financial statement is the responsibility of the Plan's management.

We were unable to obtain written representations from management of the Plan as required by generally accepted auditing standards.

Because management did not provide us with written representations, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the financial statements referred to in the first paragraph.

*Armao, Costa & Ricciardi*

ARMAO, COSTA & RICCIARDI, CPAs, P.C.

Valley Stream, New York  
August 23, 2006

MEMBERS OF:  
AICPA DIVISION FOR CPA FIRMS  
NYS SOCIETY OF CPAs

NEW YORK OFFICE:  
410 PARK AVENUE, 15TH FLOOR  
NEW YORK, NY 10022

GREENWICH OFFICE:  
591 WEST PUTNAM AVENUE  
GREENWICH, CT 06830

DISTRICT 6 HEALTH PLAN  
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS  
AUGUST 31, 2004

ASSETS

RECEIVABLES:

Employers' contributions

\$ 17,158

CASH AND CASH EQUIVALENTS

994,010

OTHER ASSETS:

Property and equipment, net

611

NET ASSETS AVAILABLE FOR BENEFITS

\$ 1,011,779

See accompanying notes to financial statements.

DISTRICT 6 HEALTH PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED AUGUST 31, 2004

ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:

Contributions:

|                         |                |
|-------------------------|----------------|
| Participating employers | \$ 962,436     |
| Total contributions     | <u>962,436</u> |

|              |            |
|--------------|------------|
| Other income | <u>236</u> |
|--------------|------------|

|                 |                |
|-----------------|----------------|
| Total Additions | <u>962,672</u> |
|-----------------|----------------|

DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 854,722        |
| Administrative expenses       | <u>159,805</u> |

|                  |                  |
|------------------|------------------|
| Total Deductions | <u>1,014,527</u> |
|------------------|------------------|

|              |          |
|--------------|----------|
| NET DECREASE | (51,855) |
|--------------|----------|

NET ASSETS AVAILABLE FOR BENEFITS:

|                   |                  |
|-------------------|------------------|
| Beginning of Year | <u>1,063,634</u> |
|-------------------|------------------|

|             |                     |
|-------------|---------------------|
| End of Year | <u>\$ 1,011,779</u> |
|-------------|---------------------|

See accompanying notes to financial statements.



DISTRICT 6 HEALTH PLAN  
STATEMENT OF PLAN'S BENEFIT OBLIGATIONS  
AUGUST 31, 2004

AMOUNTS CURRENTLY PAYABLE TO OR  
FOR PARTICIPANTS, BENEFICIARIES AND  
DEPENDENTS:

|                           |                  |
|---------------------------|------------------|
| Health claims payable     | \$ <u>10,557</u> |
| Total benefit obligations | \$ <u>10,557</u> |

See accompanying notes to financial statements.

DISTRICT 6 HEALTH PLAN  
STATEMENT OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS  
FOR THE YEAR ENDED AUGUST 31, 2004

AMOUNTS CURRENTLY PAYABLE TO OR  
FOR PARTICIPANTS, BENEFICIARIES AND  
DEPENDENTS:

|  |                  |
|--|------------------|
| Balance at beginning of year             | \$ 0             |
| Claims reported and approved for payment | 865,279          |
| Claims paid                              | <u>(854,722)</u> |
| Balance at end of year                   | <u>\$ 10,557</u> |

See accompanying notes to financial statements.

DISTRICT 6 HEALTH PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan

The following brief description of District 6 Health Plan ("The Plan") provides only general information. Participants should refer to The Plan agreement for more complete information.

General

The Plan is a multiemployer welfare benefit plan, established under the provisions of an Agreement and Declaration of Trust between District 6 Health Plan, and the various employers having collective bargaining agreements with the District 6 International Union of Industrial, Service, Transport and Health Employees (IUISTHE) ("The Union"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Benefits

The Fund provides hospital, medical, dental, vision and prescription drug benefits for eligible participants and their covered dependents. The Plan also provides a continuation of health benefits coverage under the Consolidated Omnibus Budget and Reconciliation Act (COBRA) to participants and dependents upon loss of eligibility under The Plan.

Contributions

Contribution rates have been established under collective bargaining agreements entered into between The Union and the various participating employers.

Note 2 - Summary of Significant Accounting Policies

The following are the significant accounting policies followed by The Plan:

Change in Accounting

The Plan has adopted the provisions of the American Institute of Certified Public Accountants (AICPA), Statement of Position (SOP), 92-6 "Accounting and Reporting by Health and Welfare Benefit Plans" as amended by SOP 01-2. The SOP establishes accounting standards for the presentation of benefit obligations in the financial statements of health and welfare benefit plans.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, IBNR, eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

DISTRICT 6 HEALTH PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Significant Accounting Policies (cont'd.)

Concentration of Credit Risk

All of The Plan's cash is held in one financial institution. Cash accounts at banks are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$100,000. Amounts in excess of insured limits were approximately \$794,010 at August 31, 2004.

Property and Equipment

Property and equipment is stated at cost. The costs of additions and betterments are capitalized and expenditures for repairs and maintenance are expensed when incurred. When items of property and equipment are sold or retired, the related costs and accumulated depreciation are removed from the accounts and any gain or loss is included in additions to or deductions from net assets.

Depreciation of property and equipment is provided utilizing the straight-line method over the estimated useful lives of the respective assets as follows:

|                    |         |
|--------------------|---------|
| Computer equipment | 5 years |
|--------------------|---------|

Note 3 - Property and Equipment

Property and equipment is summarized as follows:

|                                |               |
|--------------------------------|---------------|
| Computer equipment             | \$ 5,473      |
| Less: Accumulated depreciation | <u>4,862</u>  |
|                                | <u>\$ 611</u> |

Depreciation expense related to property and equipment amounted to \$1,080 for the year ended August 31, 2004.

Note 4 - Tax Status

The trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)9 of the Internal Revenue Code as a tax exempt organization.

DISTRICT 6 HEALTH PLAN  
NOTES TO FINANCIAL STATEMENTS

Note 5 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

|  |                     |
|--|---------------------|
| Net assets available for benefits per the financial statements | \$ 1,011,779        |
| Benefit obligations currently payable                          | <u>(10,557)</u>     |
| Net assets available for benefits per the Form 5500            | <u>\$ 1,001,222</u> |

The following is a reconciliation of benefits paid on behalf of participants per the financial statements to the Form 5500:

|   |                   |
|---|-------------------|
| Benefits paid per the financial statements                | \$ 854,722        |
| Add: amounts currently payable at end of year             | 10,557            |
| Less: amounts currently payable at beginning of year      | <u>0</u>          |
| Benefits paid on behalf of participants per the Form 5500 | <u>\$ 865,279</u> |

Amounts currently payable on behalf of participants, dependents and beneficiaries are recorded on Form 5500 for benefit claims that have been processed and approved for payment prior to August 31, but not yet paid as of that date.

Note 6 - Related Party Transactions

The Plan reimburses The Union for certain administrative expenses, salaries, benefits and payroll taxes. During the year ended August 31, 2004, The Plan reimbursed The Union amounts totaling \$62,004.

SUPPLEMENTARY INFORMATION

**ARMAO, COSTA & RICCIARDI**  
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INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

SALVATORE J. ARMAO, CPA/ PFS, CFP  
MICHAEL J. COSTA, CPA  
LISA M. RICCIARDI, CPA

To The Board of Trustees  
District 6 Health Plan  
New York, New York

Our report on our audits of the basic financial statements of District 6 Health Plan appears on page one. Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information is presented for the purpose of additional analysis and is not a required part of the basic financial statements. These supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

*Armao, Costa & Ricciardi*

ARMAO, COSTA & RICCIARDI, CPAs, P.C.

Valley Stream, New York  
August 23, 2006

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DISTRICT 6 HEALTH PLAN  
SUPPLEMENTARY INFORMATION  
SCHEDULE OF BENEFITS PAID  
FOR THE YEAR ENDED AUGUST 31, 2004

|         |                   |
|---------|-------------------|
| Medical | \$ 850,372        |
| Optical | 424               |
| Dental  | <u>3,926</u>      |
|         | <u>\$ 854,722</u> |

DISTRICT 6 HEALTH PLAN  
SUPPLEMENTARY INFORMATION  
SCHEDULE OF ADMINISTRATIVE EXPENSES  
FOR THE YEAR ENDED AUGUST 31, 2004

|                                  |                   |
|----------------------------------|-------------------|
| BANK CHARGES                     | \$ 188            |
| DEPRECIATION EXPENSE             | 1,080             |
| DUES AND SUBSCRIPTIONS           | 575               |
| INSURANCE                        | 24,478            |
| PROFESSIONAL FEES                | 71,480            |
| REIMBURSEMENT OF OPERATING COSTS | <u>62,004</u>     |
|                                  | <u>\$ 159,805</u> |